

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	STATUS	ID NO.	DATE
FEE DETERMINATION	HL	1	6-7-01
O.I.P.E. CLASSIFIER		21	6/17/01
FORMALITY REVIEW	SA	1085	8-2-01
RESPONSE FORM	73	1127	11/03/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/17/03
2	5/17/03
3	5/17/03
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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 8/3

617  
 11-3-01